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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/687,247 10/13/2000 PAT 6,387,122
 which is a CON of 09/251,964 02/16/1999 PAT 6,174,328
 which is a CON of 09/005,654 01/12/1998 ABN
 which is a CON of 08/478,181 06/07/1995 PAT 5,766,237
 which is a DIV of 08/344,524 11/23/1994 PAT 5,683,448
 which is a CON of 08/025,957 03/03/1993 ABN
 which is a CIP of 07/839,911 02/21/1992 PAT 5,405,377

420, 1/28/16/2004

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/20/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after allowance

Verified and Acknowledged
 Examiner's Signature _____ Initials *VB*

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TITLE
 Intraluminal stent and graft

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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